

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000005744

1. Entity Name
BTC WOMEN'S CLUB, LLC



Principal Place of Business
**% MINDY MORA
200 S BISCAYNE BLVD., SUITE 2500
MIAMI, FL 33131**

Mailing Address
**% MINDY MORA
200 S BISCAYNE BLVD., SUITE 2500
MIAMI, FL 33131**



04212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0946249

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORA, MINDY A
200 SOUTH BISCAYNE BLVD
SUITE 2500
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	KAPLAN, CHERYL
STREET ADDRESS	555 NE 34 ST #1101
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VP
NAME	GELMAN, LYNN
STREET ADDRESS	1450 MADRUGA AVE. #302
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	T
NAME	MORA, MINDY
STREET ADDRESS	200 S BISCAYNE BLVD #2500
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000917466
05/13/08-80044-001 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/08

Date

305 350 2414

Daytime Phone #